

# Manderville Care Ltd







## The Old Vicarage

### Inspection report

Stockton Road  
Ryhope  
Sunderland  
Tyne and Wear  
SR2 0LS  
Tel: 01915211980  
Website:

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### Ratings

Overall rating for this service		Good	
Is the service safe?	Requires Improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

### Overall summary

The inspection took place on 19 and 20 November 2014. This was an unannounced inspection. We last inspected The Old Vicarage on 6 November 2013. At that inspection we found the home was meeting the regulations that we inspected against.

The Old Vicarage provides accommodation and nursing and personal care for up to 30 people. Within the past year, the provider has developed part of the premises to provide general nursing care for people. At the time of our inspection there were 19 people living at the home, three

of whom were receiving nursing care. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Act 2008 and associated regulations about how the service is run.

We found the provider had breached Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities)

# Summary of findings

Regulations 2010. This was because some of the upper floor windows did not have suitable window opening restrictors to help prevent falls from the windows. You can see what action we told the provider to take at the back of the full version of the report.

People we spoke with told us they felt safe living at the home. Their comments included, "It's nice," and "Oh yes. If there was anything wrong with me, they would see to it straightaway".

People's relatives also felt confident their family members were cared for in a safe way. This was reflected in comments such as, "It's like a home from home. We know she is safe" and "She is pretty safe. The staff are caring".

The staff identified potential areas of risk in respect of people's care, such as the risk of falls and skin damage, and took steps to reduce the likelihood of such risks occurring.

The staff we spoke with had a good understanding of safeguarding people from harm. They were also clear about how to report any concerns they had. The registered manager fully understood her responsibilities in relation to safeguarding people and kept appropriate records in this regard.

The premises were well-maintained and safe for people and staff to use, apart from the issue we identified with some window opening restrictors. Relatives we spoke with were satisfied with the condition of the home. Their comments included, "There's no issues. There's always someone in fixing something. I think I'll book myself a place," and "It's 'nip-n-clean'. They are always on the go".

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Relatives we spoke with were also confident about this. Their comments included, "The staff come straight away. The staffing is alright," and "I think it's alright. There is always someone about if you need them. They're all nice." We found there were thorough recruitment procedures in place. This helped to protect people as checks had been carried out on potential staff before a decision was made to employ them.

People's medicines were managed safely. Staff followed safe procedures which helped ensure people's medicines were stored correctly, ordered in time and given to them when they needed them. Relatives we spoke with were

confident their family members received the help they needed with medicines. Their comments included, "I've no worries about medicines," and "There's been a 100% improvement since he was in hospital, when he wasn't getting his tablets. Here they check everything".

Staff told us they felt supported by the provider, by way of training, supervision and appraisal. This helped them provide effective care for people. Relatives we spoke with were confident the staff team had the skills needed to care for people well.

Staff sought people's consent before they provided care to them. Staff followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS).

Comments from relatives showed that the service provided effective support to people to provide them with good nutrition and hydration. One relative said, "He's fed well. He looks a lot better." Another relative told us, "The staff help feed her. She has put on some weight. They tried everything. They found out she was anaemic and now she has got her appetite back."

People were supported with their health. A relative commented, "They get the doctor in. The optician and dentist come in too." Another relative told us their family member's health had improved as a result of the care they received at The Old Vicarage by commenting, "He has never had any infections, which is an improvement." Health care professionals told us the staff took prompt action if there were any concerns about people's health.

Staff had developed positive, caring relationships with people using the service. People made the following comments about their care: "It's nice"; "They're canny"; "It's alright. They're kind to me"; and "They treat me very well. We have a good laugh together".

Relatives of people who used the service were confident that the staff team were caring and kind. Their comments included, "Most of the staff are like family. The young ones are very caring. The older ones are too. The staff are compassionate," "They're definitely caring. One person passed away and the staff were so upset. They do get very close to them," and "I think it is great. They're really friendly and they look after him they're always popping in to see him".

# Summary of findings

Staff showed people respect and dignity and safeguarded their privacy. People were involved in discussions about how they wanted their care to be provided. Health professionals who visited the service felt staff were caring and compassionate. For instance, one commented, "Staff are very caring. The management are very caring and I think that cascades down to the staff. They have some fairly challenging people but the staff see the better side of them. They are exceptionally good."

People received personalised care that was responsive to their needs. For instance, the staff supported people to have meals in private if this was their preference or have meals at a later time. People and their relatives had been involved in making decisions about how their care would be provided. The staff supported people to participate in a wide range of social activities. A health professional remarked, "They promote a really good, positive lifestyle for people."

People were encouraged to raise any concerns but the people and relatives we spoke with were very satisfied with the care and none had any complaints.

People were encouraged to share their views about the service and these were acted on. For instance, one relative told us, "When [our family member] wasn't eating, we said she used to like scotch pancakes and yoghurts, and they got these in for her. They do listen."

The service was managed well and the registered manager had overseen improvements in the quality of care. This was reflected in the comments we received from a number of other professionals who had contact with the service. The local authority commissioner of services told us, "We visited just the other day. Everything was fine. They have achieved the Gold Standard in the Council's Quality Standards. The new owner is improving the premises and there have been no safeguarding issues." A practice manager from a local GP practice used by some of the people living at the service told us, "We feel there has been a huge improvement in the management and service provided." A relative put this simply, "It's great."

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Some window opening restrictors were not safe, as they could be easily over-ridden. Otherwise the premises were well-maintained and were being refurbished.

People said they felt safe living at The Old Vicarage and their relatives were also confident that their family members were cared for safely.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Checks had been carried out before staff were employed to make sure they were fit to work with vulnerable adults.

People's medicines were managed safely.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff said they were well supported to carry out their role and that they received the training they needed. Staff training was up to date.

Staff followed the requirements of MCA and DoLS and people were asked for their consent before receiving any care.

Relatives of people using the service were confident their family members' nutritional needs were being met. The staff provided effective support for people at risk of malnutrition.

People were supported to maintain their healthcare needs. They had access to a range of health professionals when required and were supported with routine health check-ups.

**Good**



### Is the service caring?

The service was caring. People said they were well cared for. Relatives and health professionals were very confident staff cared for people well.

People were treated with respect and dignity.

**Good**



### Is the service responsive?

The service was responsive. People and their relatives had been involved in making decisions about how their care was provided. People received individualised care that met their needs and wishes.

People could participate in a wide range of social activities. The service referred people onto other health and social care professionals when specific expertise was needed and staff worked well with them.

People and their relatives had no complaints about the service, but felt confident about raising concerns if they had any, and felt any issues would be dealt with appropriately.

**Good**



# Summary of findings

## Is the service well-led?

The service was well-led. There was an established registered manager in post. Staff told us the registered manager was supportive.

Relatives were confident the registered manager was interested in their views and took action to make improvements in the care of people where they could.

The local authority commissioner and a range of health professionals who visited the service confirmed that the registered manager had made significant improvements in the quality of care and that she was supported to do this by the provider.

Good



# The Old Vicarage

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 November 2014 and was unannounced. The inspection was carried out by two adult social care inspectors.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. A significant number of people using the service had dementia type conditions and could not easily tell us their views.

We received a Provider Information Return (PIR) before we carried out this inspection. A PIR is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that

the provider is legally obliged to tell us within the required timescale. We also contacted the local authority commissioners, safeguarding and deprivation of liberty officers, as well as the clinical commissioning group and the local Healthwatch. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services and to help people find the right health and social care services. We did not receive any information of concern from these organisations.

We also sought and obtained opinions from a GP practice, a dentist, a member of an NHS Challenging Behaviour team and a community nurse; all of whom had provided health and care services for people living at The Old Vicarage. We also spoke with a visiting community nurse during our inspection.

We spoke with nine people who used the service and relatives of six of those people. We also spoke with the registered manager, the deputy manager, the qualified nurse on duty and three members of the care staff as well as an ancillary member of staff. We observed how staff interacted with people and looked at a range of care records, which included the care records for three of the nineteen people who used the service, medication records and records about the recruitment and training of staff.

# Is the service safe?

## Our findings

Some aspects of the premises meant people could be at risk. During a walk around the home with the registered manager we saw newly fitted double glazed window units in the first floor lounge area. The windows had an opening restrictor fitted, however these were easily over-ridden, which meant the window could be fully opened and did not comply with the Department of Health publication 'Health Building Note 00-10Part D: Windows and associated hardware'. This building note provides guidance on the type of window restrictors which should be used to safeguard people from falls through windows. The manager told us she would contact the installer immediately and ask for the window restrictors to be changed. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some parts of the building showed signs of wear and tear; however a refurbishment programme was underway. The registered manager told us that three bedrooms had been fitted with en-suite toilets. It was intended that en-suites would be built into every bedroom. Profiling beds had been obtained for people with nursing needs and it was intended to eventually replace all divan beds with profiling beds. The profiling beds can be adjusted to suit people's needs and make it easier for staff to assist them safely.

Radiator guards were fitted which would help to protect people from burns if they fell against a hot radiator. The heating was on and the home felt very warm. Some more frail people felt cold and staff provided them with blankets to keep warm. We asked one person if the home was kept warm enough for them. They told us, "Wey aye."

We ran the hot water taps from three wash hand basins in bedrooms. The water from the taps remained tepid after running for over a minute. We saw records to show hot water temperatures were being monitored and the registered manager told us she would instruct the person responsible for maintenance to undertake a check on all of the hot water temperatures and adjust thermostatic devices where necessary. Records showed a heating engineer had carried out some remedial work in respect of the boiler in August 2014 when new sensors had been fitted to regulate the temperature of the water supply.

Records showed that regular servicing and maintenance had been carried out on hoisting equipment, fire systems and the call system. The electrical wiring had been periodically inspected and portable electric appliances had been checked for safety. Staff had participated in fire drills and a care worker was able to explain the action they would take to protect people in the event of a fire alarm.

People's relatives told us that any repair and maintenance issues were dealt with promptly. Their comments included, "They get someone out straight away. Something happened with the kitchen. They got [the handyman] out and then a builder. You can't fault them for that," and "The handyman is spot on with light bulbs. He sorted out pictures for the walls and the telly". We also spoke with a health professional who visited the service who told us, "The current providers are making improvements to the environment, particularly with redecoration."

People told us they felt safe at the home. When we asked about this, their comments included, "It's nice," and "Oh yes. If there was anything wrong with me, they would see to it straight away". People's relatives told us, "I don't think the staff would put up with anything like that," and "She is pretty safe. The staff are caring". We observed people were happy and relaxed. We saw that they did what they wanted and were comfortable spending time with other people and the staff.

A health professional who visited the service commented, "The manager and staff are warm and welcoming. Residents are comfortable. They are very well aware of how to safeguard people." The local authority safeguarding officer told us they had no concerns about the service.

The provider had a system in place to log and investigate safeguarding concerns. Any concerns had been recorded appropriately.

Staff we spoke with had a good understanding of safeguarding and how to report any concerns they had. Staff told us, and records confirmed, that they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. For example, if people became agitated or had unexplained bruising. Staff said if they had any concerns they would report them immediately to the registered manager.

Care records showed that people were also routinely assessed against a range of potential risks, such as falls,



## Is the service safe?

mobility and skin damage. These had been completed and maintained for each person and corresponding care plans had been developed to help staff maintain people's wellbeing.

The required actions set out in these risk assessments were followed in practice. For instance, frail people had pressure relieving mattresses on their beds and used pressure relieving cushions in their chairs. We spoke with a health professional who visited people using the service. They told us the staff looked after people well, particularly where they were at risk of pressure ulcers. They commented, "As soon as someone's skin gets red, [staff] tell us and they get people on an airflow mattress. They are quick to get the doctor in when needed and they always act on what we say." This showed the staff acted quickly to prevent pressure ulcers developing and to address any other health concerns.

There was an emergency response file which provided guidance to staff on the action they should take in the event of staff absences, failure of the passenger lift, lighting systems and other possible emergencies.

People told us there were always sufficient staff to support them. One person said staff attended "in seconds" when they used the call system. This person's relative told us, "The staff are always coming in (to her bedroom) and they have a talk to her. The staff sit and talk to people. They send (a member of staff) if people need to go to hospital." Other people's relatives told us, "There's been very little turnover of staff. There are always enough staff on duty. They're always willing to help," and "There's always plenty of staff here. There's always two staff when he needs to go to the toilet".

Two staff attended very promptly when we used the call system in one bedroom. Staff attended to people quickly when the call bell sounded at other times. People had opportunities to chat with staff as the staff spent time making sure people were comfortable and safe. Staff told us, and records confirmed that there was always one registered nurse on duty to meet the needs of the three people who required nursing care. The nursing staff were assisted by the care workers.

The registered manager informed us agency nurses had been used in the past to cover periods of staff sickness. She also told us how she had developed and implemented a staffing dependency tool with the help of the nursing staff.

This tool helped to ensure sufficient hours were provided to meet people's needs. People with nursing needs were cared for on the first floor by a registered nurse, who was assisted by

There were thorough recruitment procedures in place which helped to protect people. We looked at records for three recently recruited staff. These showed that checks had been carried out with the disclosure and barring service (DBS) before they were employed to establish whether applicants had a criminal record or were barred from working with vulnerable people. In addition, at least two written references including one from the staff member's previous employer were obtained. Documents verifying their identity were also kept on their staff records. The provider had obtained a record of their employment history and the reasons previous employments had ended. A care worker confirmed the vetting checks that had been carried out before they started work. This showed checks were carried out before staff began work.

We asked four relatives for their views about how well their family members' medicines were managed by staff. All spoke positively about this aspect of their family members' care. One commented, "I've no worries about medicines." Another relative told us their family member often refused to take medicines but this was managed well by staff. They commented, "[Staff] come back and they try again. There's been a 100% improvement since he was in hospital, when he wasn't getting his tablets. Here they check everything." We also spoke with a visiting community nurse who was also of the view that this person's medicines were managed well as his symptoms were "well controlled."

Another health professional who made frequent visits to the service, told us, "The medicines are always stored safely. I've never seen the medicines left unattended. They store insulin appropriately and they always have enough stock." Medicines were stored in a locked treatment room and the nurse in charge for each shift kept charge of the key.

Staff gave appropriate support and time to people when offering them their medicines. People's care records showed their medicines were reviewed by their GPs at intervals.

We looked at medication administration records (MARs) for five people. Each person's name was clearly written, as well as any known allergies. Medicine due times were clearly



## Is the service safe?

identifiable as was the prescribed dosage. Some MARs for three people living on the ground floor were inaccurate in that there were gaps where staff had not signed to confirm whether medicines had been administered or not. For example, for one person there were gaps in signatures for the previous day and the day we visited. For another person we saw a gap on the MAR for a medicine that should have been administered on the morning of our inspection. The care worker responsible told us they had tried to administer the medication later but still the person refused. No explanation had been provided in the MAR to indicate the morning medication had been refused. This meant that there was not clear information about whether the person had taken their medicines or not. We discussed these gaps in the records with the registered manager who told us

some medicines had been delivered late as the prescribing doctor had not signed the repeat prescriptions in time, which had resulted in delays in administering some of the medicines for some people. Although there were a small number of recording gaps on the day of the inspection, people's medicines were managed appropriately and there were effective audit processes in place. For instance, an audit of the management of medicines had been undertaken by the supplying pharmacy in February 2014. Their only recommendation was that eye drops should be stored in the fridge and this advice had been implemented. The registered manager had also carried out regular audits to check medicines were being managed appropriately and the home had scored 43 out of a possible 46 on the most recent audit.

# Is the service effective?

## Our findings

People's relatives considered that the staff were very well trained and knowledgeable about their work. One relative demonstrated this by telling us, "Staff are superb. They can do anything with my mam; things she wouldn't let us do. My mam has confidence in them." Another relative said, "They're well trained." A health professional who visited the home felt staff were competent in their roles.

The four staff members we spoke with were enthusiastic and motivated when talking about their training opportunities. Staff told us, and training records confirmed, they received training in important areas such as safeguarding people from harm, moving and assisting skills, fire safety, first aid and infection control. All care workers were supported to achieve a national care qualification (called NVQ level 2). Some had gone on to complete a level 3. One member of staff commented, "The manager is very supportive if we want to do other training, like palliative care or mental health." Another member of staff said, "The training has really helped."

The training records for three members of staff showed they had completed a range of appropriate training, as described by the staff we spoke to. We also looked at the staff training matrix for all the staff and saw that all of the staff had completed 'dementia awareness' training, apart from one recently employed member of staff. In addition, staff had been given training in specialist areas, such as end of life care. Records showed that new staff had been given induction training at the beginning of their employment with the home.

Staff told us they had been given regular supervision and appraisal, which are methods used to review staff performance and identify any training or other ways staff may need support. One member of staff commented, "They ask you if you have any complaints and if you are happy." We also saw records confirming the supervision and appraisal support system.

Some changes had been made to the building to make it easier for people living with dementia to find their way about. Toilets and bathrooms were easily identifiable as they had brightly coloured doors with large graphic signage, which make them easier to differentiate from other rooms.

We asked a health professional who regularly visited the service whether the staff of the service always obtained people's consent before providing care to them. The health professional told us, "They [the staff] tend to ask people, even if people have dementia. They say, 'Should we put your clothes on now'; they don't just do it."

We observed that staff provided effective care for people and that they understood the importance of obtaining people's consent to their care. For instance, we observed one person, who had dementia, walk in a purposeful way towards the front door. A care worker noticed this and asked the person if they were 'ok'. The person told the care worker they intended going out. The care worker did not tell this person they could not go out, but instead commented on how cold it was outside and asked this person, "Would you like a cup of tea?" The person said they 'would like a cuppa' and walked happily away with the care worker, chatting as they went. The care worker kept this person safe by using an effective approach and by showing care and respect for the person.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. It helps to ensure that decisions are made in their 'best interests'. Staff showed awareness of MCA and told us they had been given training about it. The registered manager had taken appropriate action to ensure a 'best interests' decision was made by relevant people when one person had consistently refused to take their medicines and staff considered that the person did not fully understand the implications of doing this.

The provider acted in accordance with the requirements of the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure unlawful restrictions are not placed on people receiving care in care homes and hospitals. The registered manager had a good understanding of DoLS and had made an application to the responsible local authority when necessary. The local authority DoLS officer confirmed this and told us, "I can inform you that the manager has attended the MCA and DoLS Champion programme recently, organised by Sunderland, South Tyneside and Gateshead councils."

We asked relatives for their views about how staff dealt with situations where people may present behaviours that others may find challenging. Those relatives who expressed an opinion felt that staff dealt with this type of situation

## Is the service effective?

well. A health professional who regularly visited the service told us, "[Person using the service] shouts and swears but I have never heard staff shout at them. They try and calm them down and divert them." We also observed staff interact with this person and saw they had developed a good rapport with the person, who enjoyed the company of the staff.

Staff had sought advice from the challenging behaviour team about people's care when appropriate. A member of this team told us, "As soon as advice has been given, they [staff] acted immediately and I was able to close the case after two visits." In this way, staff dealt effectively with behaviour that challenges others.

People's relatives were very satisfied that their family members got the support they needed to eat and drink enough and maintain a balanced diet. One relative told us, "The staff help feed her. She gets finger food, like sandwiches she can eat herself. The meals are good - definitely. There's plenty. They offer things like pancakes. She has put on some weight. They put butter on her pancakes and full fat milk in her porridge. They tried everything. They found out she was anaemic and now she has got her appetite back." This showed that the staff understood how to provide effective nutrition to people who were at risk of malnutrition.

Another relative commented, "They ask my mam, '[name], what do you want, there is this and there is that.' They're lovely. There are proper home-made meals. They make pies and cakes. They have a high tea on a Sunday. Mam needs help with meals. The carer sits between and helps her."

The cook knew about people's individual dietary needs and also had written guidance about their nutritional requirements. There were ample supplies of meat, fresh fruit and vegetables, as well as whole milk, cream, cheese and yoghurts. There were supplies of prescribed thickening powders for people who needed to have fluids thickened because of swallowing difficulties.

People were given suitable aids to help them eat independently, like a cup with a lid and two handles to make it safe to hold. Staff provided sensitive support to people. People were offered choices at all points through the meal, such as "Would you like jam with your rice

pudding?" We noted that people enjoyed their meal. Where people were living with dementia, staff prompted and supported them sensitively and appropriately if they stopped eating. There was a pleasant, lively atmosphere in the dining room.

People's nutritional needs had been assessed and care plans about the support people needed with eating and drinking were in place. These described the type of support they needed from staff, any known risks around eating or drinking, their dietary requirements and the person's likes and dislikes. Records were kept of people's weight checks and staff noted and had acted on any concerns. Food and fluid balance charts were in use if people needed to be monitored more closely.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support. The records for three people showed they had seen doctors, opticians or dentists to have particular health needs met. The relative of one of these people told us their family member had repeated infections before coming to stay at the Old Vicarage but that since their admission, "[relative] has never had any infections, which is an improvement." Care records clearly identified this person had a risk of infection and showed the GP and community nurses had been contacted promptly when concerns had been identified.

A relative commented, "We've no worries. They take her to the warfarin clinic and the COPD (Chronic Obstructive Airways Disease) clinic. Her health has been great here. The optician came out and checked her eyes."

We received positive views from health professionals who had regular contact with people who used the service. A community nurse who regularly visited the home commented, "They highlight things to our team. They are fast-acting. For instance, they tell us, 'that lady's leg needs a review.'" Another community nurse said, "They are very effective. They are looking at colour coordinated doors for people with dementia. They are seeing what people need." A dentist who had patients using the service said, "They always ring us up about new patients and we arrange to provide dental care to them and provide an annual check-up."

# Is the service caring?

## Our findings

People told us they were well cared for. People commented, "It's nice", "They're canny", "It's alright. They're kind to me" and "They treat me very well. We have a good laugh together".

Relatives of people who used the service were also confident that the staff team cared for their family members well. One relative told us, "Most of the staff are like family. The young ones are very caring. The older ones are too. The staff are compassionate." Several relatives also commented that staff had developed close, caring relationships with people using the service. For instance, relatives commented, "The staff are like family. They've been upset when people have died," and "They're definitely caring. One person passed away and the staff were so upset. They do get very close to them".

Staff had good, warm relationships with people and they went about their work showing care and concern for people. For instance, care workers took time and care to reassure and guide people when they assisted them from a wheelchair into an armchair. This was important as some people had conditions which meant they needed reassurance that it was safe to sit backwards into a chair from a standing position. Staff were caring, attentive and understood people's needs. For instance, one care worker offered a newspaper to one person and got a blanket when another person said they felt cold. Staff chatted with people. One person had a footstool so they could keep their feet elevated. Another person's zimmer frame was placed close to them so they could mobilise safely.

The positive way the care staff went about their work was reflected in other comments we received from people's relatives. For instance, "Staff seem able to handle my relative really well. They are all nice in here. My relative has responded to them. She seems very settled so far," and "I think it is great. They're really friendly and they look after him they're always popping in to see him".

Health professionals who had visited people at the service told us they had always found the staff team to be very caring. One commented, "Staff are very caring. The management are very caring and I think that cascades down to the staff. They have some fairly challenging people

but the staff see the better side of them. They are exceptionally good." Another told us, "They have a very warm manner and approach to the lady I was visiting. Caring? Absolutely. They are quite tactile and give people hugs if they want them."

Staff involved people and their relatives in discussions about their care. For instance, one relative commented about their family member, "He doesn't mix. It's his choice." We saw in this person's care plan that he regularly refused to eat his meals in the dining room so staff took his meals to him. A relative also told us, "They asked about moving his bedroom so they could monitor him better. We had a look at the room and agreed." Another relative commented on the way staff went about their work, "They never startle her. They tell her they are going to lift her."

People's relatives were welcomed and could speak with their family members in private if they wished. People's privacy and dignity was respected and promoted by the staff team. Staff knocked on people's bedroom doors and relatives told us this was common practice. One relative commented, "The staff always knock the door and ask if it is alright to Hoover."

Relatives told us their family members' personal care needs were always met by the staff team. One told us, "Staff do her feet. Her hair gets done here. They do her nails. They titivate her up. She always gets baths." Relatives told us their family members were always dressed in their own clothes. One person told us, "I get three baths a week; it's enough."

Health professionals who had visited people at the service felt staff showed respect for people. One commented, "The staff are always polite. We are in three times a day and I don't find any staff speaking inappropriately to anyone. People always have clean fingernails. It's a small thing, but it means a lot." Another health professional told us, "I've never witnessed any concerns. Staff don't shout across the room, 'do you need the toilet?'"

People looked clean and well presented. Another visiting health professional told us people were washed and bathed and had their hair washed regularly. One person had been assisted to change their clothing through the course of the day.

# Is the service responsive?

## Our findings

When we spoke with people's relatives, their observations about their family members' care gave us confidence that people received personalised care that met their needs. For instance, one relative told us, "Mam needed to go to hospital and is a diabetic. She was kept late, but the home had sandwiches ready for her." Another relative told us, "They bought an armchair for [our family member] as he always likes to sit near the front door." We observed this person did enjoy sitting near the front door in a comfortable chair and staff frequently chatted and spent time with him.

We looked at three people's care records, including support plans about their care needs. We found the support plans were very well written and reflected what people and their families had told us. The support plans had been reviewed monthly to ensure they were up to date and showed that people's care had been discussed with them and their relatives. People's care records contained detailed information about each person, including their personal histories and the things that were important to them. People had been asked about important aspects of their life, such as spiritual worship. This included sensitive discussions with people about their care at the end of their life. A relative told us, "We've had discussions with them about the final stages. They involve us." Important information about people's future care was also stored prominently within their care records, for instance where people had made advance decisions about their future care. Referrals had been made to other care professionals, such as the falls clinic and the challenging behaviour team, when appropriate.

The staff we spoke with were knowledgeable and respectful of people's individual needs, abilities and preferred daily lifestyles. Staff spent time with each person and were familiar with their life history, their likes and dislikes and the things that were important to them. All the staff and most of the people who lived at the home were from the local area so they had a shared understanding of the local community. If people living with dementia walked around the home, staff were attentive to them and ensured they were kept safe.

Care was provided in a flexible way to meet people's individual preferences. For instance, we saw one person having breakfast mid-morning and that she was supported

to eat this at her own pace. We considered that this was probably not an unusual event as a relative told us, "I've seen one lady having her breakfast late, which was nice; seeing she could do this and in peace."

People were supported to maintain relationships with people that mattered to them. For instance, two relatives of one person were able to have lunch with their family member in the dining room. They told us they were encouraged to regularly share a meal with her.

Staff supported people to take part in social activities. One person told us, "Sometimes, there is bingo and singers come. A lady comes to do 'sit and fit'." 'Sit and fit' was an activity where people could participate in exercises whilst sitting in their chairs, which was led by a person providing this service to the home.

A health professional told us, "They promote a really good, positive lifestyle for people. I've done two visits. On the first visit, I found the lady I was visiting was thoroughly enjoying an exercise session. About 15 people were involved in this. On my next visit, there was a sing-a-long taking place. They have worked with us very well."

Relatives also remarked on the range of social activities provided. Their comments included, "Staff take them out every so often. They have 'turns' on. Our grand-daughter did a ballroom dancing display," and "The staff are very helpful. They're all caring. They do activities with people. We see this with other people. They play bingo. Have karaoke. They had farm people with their animals. We've had a singer. There was a pantomime last Christmas and they have clothes parties from Bonmarche. There is an outing planned to the Christmas lights and another clothes party. They used to make cakes with people. There's also 'sit and fit'; she enjoys that". People's care records showed their involvement in activities, such as pet therapy, party with entertainer, walks around the garden, and 'sit and be fit' sessions.

People and their relatives told us they had no concerns about their care. Some of the relatives we spoke with commented, "We've had no complaints. I would go and see Anne (the registered manager) if I had any," and "I've no complaints. I would see the Registered Manager if I had any".

From our discussions with people's relatives, we concluded that people were encouraged to raise any concerns or

## Is the service responsive?

issues and that these were dealt with well. For instance, one relative told us, "They told us to come to them. They went through it all with us when [our family member] first came in. We discussed some things, nothing major."

The service's complaints records showed no complaints had been made since 2010.



# Is the service well-led?

## Our findings

Relatives felt the service welcomed their comments and suggestions as to how the service could be improved and acted on these for the benefit of people using the service. Relatives of three people gave us examples of this, "When [our family member] wasn't eating, we said she used to like scotch pancakes and yoghurts, and they got these in for her. They do listen," "We asked for a change of bedroom and this is being done," and "[Our relative] has moved to a nice room with a toilet in".

Other relatives also told us about the ways the service encouraged them to give their views about the quality of the care provided. One commented, "It's a home from home. You can have banter. You don't smell urine here. I told this to Anne (the registered manager) and she said, "If you do, tell me. Tell me anything." Another said, "[The registered manager] is great. She is hands on. We have filled in a survey before and we have had meetings about our dad." Others said, "There was a relatives' meeting. They put a poster up about it," and "We've had a couple of surveys". Records showed surveys had been carried out twice a year. The responses received were very positive about people's experiences of care at the service. The minutes of the last residents' meeting which had been held two months earlier, showed people attending had been asked for their suggestions, for instance about the menu.

There was a dementia strategy in place, which explained how the service aimed to provide good care for people living with dementia, particularly through the provision of effective training for staff and meaningful activities for people who used the service. This strategy had been implemented successfully. The service's dementia strategy was also underpinned by the registered manager undertaking a 'Dementia Champion' role, which meant she actively promoted 'person centred care' of people using the service. Person centred care is an approach which aims to see the person living with dementia as an individual, rather than focusing on their illness or on abilities they may have lost. The approach values each individual's unique qualities, abilities, interests, and preferences. Our observations and discussions with people, their relatives and other professionals provided evidence for our view. For instance, a health professional told us, "It is very well led by Anne Scolah [the registered manager]. The deputy also. They are very caring. They promote the wellbeing of

people. They are also very hands-on." Another health professional told us, "The girls [staff] never complain about anything. The manager knows what is going on. There's not been any issues."

Members of staff also told us their views were sought and welcomed through forums like staff meetings. Minutes of staff meetings showed the management and staff team discussed issues such as medicines safety, care of people and planning of their care. One member of staff commented, "I think [the registered manager] does really good. She does her best and tries to sort things out. She has brought the home up to gold standard." Staff were confident the registered manager would take appropriate action if they raised any concerns about the way people were being cared for.

The service had an established registered manager. She was fully aware of her registration requirements, including the submission of notifications, where appropriate. Notifications are reports of changes, events or incidents, that the provider is legally obliged to send us.

The registered manager had also continued to update her own training and had recently attended training about the management of diabetes and caring for people at the end of their life. The provider was pleased to tell us that the registered manager had been awarded a 'Carer for Carers Award 2013' by the Sunderland Carers Centre. We received positive views about the way she ran the service. A health professional told us, "Anne is very open. She's got a lovely manner. We have a good open rapport. She is approachable."

The registered manager checked how people were being cared for. For instance, she had carried out analyses of any accidents or falls. This showed that referrals were made to the NHS Falls Service when people had suffered falls so that expert advice could be obtained about how to prevent further falls where possible. The registered manager ensured that any expert advice was implemented. For instance, a member of the challenging behaviour team told us, "They are very good at following our instructions. The only thing I picked up in relationship to behaviour charts was their understanding. Staff didn't recognise the importance of timescales to people, that you don't say 'wait a minute'. But they took that on board, which has helped people settle down."



## Is the service well-led?

We also received a good range of feedback about the way the service had improved since the registered manager took over the management of the service. The local authority commissioner of services told us, “We visited just the other day. Everything was fine. They have achieved the Gold Standard in the council’s Quality Standards. The new owner is improving the premises and there have been no safeguarding issues.” A practice manager from a local GP practice used by some of the people living at the service told us, “We feel there has been a huge improvement in the management and service provided.” A health professional who visited the service commented, “The management are more engaged and more aware. Over the years, it is a definitely improving home.”

The provider of the service also checked the quality of the service. The service was visited regularly by an area manager who carried out an audit. This covered a number of elements including the standard of the premises and whether there were any issues with the provision of care, staffing of the home or any complaints or safeguarding matters. A report of an audit in June 2014 showed that the electrical wiring certification was overdue, which was subsequently acted upon. The local authority commissioning officer told us, “The owner is one to invest in the business and the property. We’ve seen the area manager is often there. The manager is getting good support from the owner and area manager.” The registered manager also told us she felt well supported by the provider’s management team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p><b>How the regulation was not being met:</b> People were not protected against the risks of falls through some of the windows, because the window opening restrictors fitted to them could be easily over-ridden.</p> <p>Regulation 15 (1) (a).</p>